

**ORDER FOR SUPPLIES OR SERVICES**

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

BPA NO.

1. DATE OF ORDER <b>MAR 24 2008</b>		2. CONTRACT NO. (if any) NRC-42-07-481		6. SHIP TO:	
3. ORDER NO. 0017		4. REQUISITION/REFERENCE NO. NRC-42-07-481(17) NRO-08-086		a. NAME OF CONSIGNEE U.S. Nuclear Regulatory Commission	
5. ISSUING OFFICE (Address correspondence to) U.S. Nuclear Regulatory Commission Div. of Contracts Attn: Kala Shankar, 301-415-6310 Mail Stop T-7-I-2 Washington, DC 20555				b. STREET ADDRESS Attn: David D'Abate, 301-415-0667 Mail Stop: T6-C34	
				c. CITY Washington	e. ZIP CODE 20555
				d. STATE DC	
7. TO:				f. SHIP VIA	
a. NAME OF CONTRACTOR N J NUMARK ASSOCIATES INC NUMARK ASSOCIATES				8. TYPE OF ORDER	
b. COMPANY NAME				<input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY REFERENCE YOUR _____ Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
c. STREET ADDRESS 1220 19TH ST NW STE 500				Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
d. CITY WASHINGTON	e. STATE DC	f. ZIP CODE 200362444			
9. ACCOUNTING AND APPROPRIATION DATA 825-15-171-107; Q-4025; 252A; 31X0200; \$449,281  Contractor DUNS: 788247377				10. REQUISITIONING OFFICE    NRO	
11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT Destination	
<input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALLBUSINESS <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED					
13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)		16. DISCOUNT TERMS
a. INSPECTION		b. ACCEPTANCE			

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Issuance of Task Order No. 17 under Contract No. NRC-42-07-481  Title: "Development of EPR SER Templates for DC and COL Applications"  Period of Performance: 6 months from effective date Estimated Reimbursable Cost: \$419,889 Fixed Fee: \$29,392 Total Cost Plus Fixed Fee: \$449,281  Funding in the amount of \$449,281 is being provided.  See continuation pages					

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.			
21. MAIL INVOICE TO:							
a. NAME U.S. Nuclear Regulatory Commission See Attachment 7 of the basic contract							
b. STREET ADDRESS (or P.O. Box) Attn: (NRC-42-07-481-TO17)							
c. CITY Washington		d. STATE DC		e. ZIP CODE 20555		\$449,281	
22. UNITED STATES OF AMERICA BY (Signature) <i>Kala Shankar</i>				23. NAME (Typed) Kala Shankar Contracting Officer TITLE: CONTRACTING/ORDERING OFFICER			

17(h)  
TOTAL  
(Cont. pages)

17(i).  
GRAND  
TOTAL

In accordance with Section G.4, Task Order Procedures, of Contract No. NRC-42-07-481, this definitizes Task Order No. 17. The effort shall be performed in accordance with the attached Statement of Work.

Task Order No. 17 shall be in effect six months from date of award, with a cost ceiling of \$449,281. The amount of \$419,889 represents the estimated reimbursable costs, and the amount of \$29,392 represents the fixed fee.

The amount obligated by the Government with respect to this task order is \$449,281, of which \$419,889 represents the estimated reimbursable costs, and the amount of \$29,392 represents the fixed fee.

The issuance of this task order does not amend any terms or conditions of the subject contract.

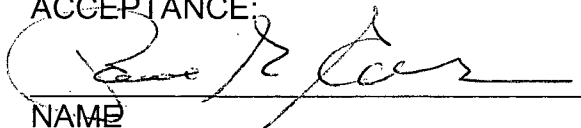
Your contacts during the course of this task order are:

Technical Matter: David D'Abate  
Project Officer  
301-415-0667

Contractual Matters: Kala Shankar  
Contract Specialist  
301-415-6310

Acceptance of Task Order No. 17 should be made by having an official, authorized to bind your organization, execute three copies of this document in the space provided and return two copies to the Contract Specialist at the address identified in Block No. 5 of the OF 347. You should retain the third copy for your records.

ACCEPTANCE:



NAME

VP, Contracts + Admin

TITLE

3/24/08

DATE